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CONFIRMATION NO. 9155

<b>SERIAL NUMBER</b> 10/600,088	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 14283.2US01
<b>APPLICANTS</b> Mark B. Knudson, Shoreview, MN; Katherine S. Tweden, Mahtomedi, MN; Timothy R. Conrad, Eden Prairie, MN; John P. Sopp, Forest Lake, MN;				
<b>** CONTINUING DATA *****</b> NONE				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/11/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 23
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Merchant & Gould P.C. P.O. Box 2903 Minneapolis, MN55402-0903				
<b>TITLE</b> Gastro-esophageal reflux disease (GERD) treatment method and apparatus				
<b>FILING FEE RECEIVED</b> 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	